Health History: Intramurals/After-School Conditioning

HARFORD COUNTY PUBLIC SCHOOLS
Inspire • Prepare • Achieve

School/Activity: _____

Sponsor: _____

Dates: _____

This permission slip must be completed and signed by the parent/guardian prior to participating in any intramural or after school program that requires the student to be physically active.

Student Name (First and Last) Grade Date of Birth Age

Address

Parent/Guardian Name (First and Last) Phone

Home Address

Name of Emergency Contact Relationship to Student Phone

Address

MEDICAL/HEALTH HISTORY: (Check those that apply and give appropriate dates)

Date of last health physical: _____

- ☐ Bleeding/Clotting Disorders
- ☐ Hypertension
- ☐ Asthma _____ Rescue Inhaler
- ☐ Fainting
- ☐ Other (Specify) _____
- ☐ Heart Defect/Disease
- ☐ Musculoskeletal Disorders
- ☐ Seizures
- ☐ Severe Allergies**
  - Food _____
  - Insect _____
  - Medication _____
- ☐ Diabetes
- ☐ Cardiac Conditions
- ☐ Orthopedic Concerns
- ☐ IEP ☐ 504 Plan

Are there any activity/PE restrictions? Explain. _____

If yes to any of the above, explain: _____

** If severe allergy noted above - Student uses: EpiPen _____ Benadryl _____ No Medication _____ Other _____

Since last health physical, has participant had:

- ☐ Serious injury requiring medical attention
- ☐ Treatment in a hospital or emergency room
- ☐ A surgical operation or fracture
- ☐ Any prescribed or over-the counter medication

Please explain: _____

This medical/health history is correct to the best of my knowledge and I give permission for my son/daughter to participate in this physical activity.

Parent/Guardian Signature: _____ Date: _____

School Nurse Initials with date reviewed; _____